## COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

2021 DEC -2 PM 3: 38

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

## SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Name of Traveler:	
	ator Risch
Travel Expenses Paid by (List all sou	The Faith and Law Project and The Clapham Group
October 29 - 31, Travel Date(s):	2021
Description/Title of Attached Forms:	Employee Post-Travel Disclosure of Travel Expenses
(Form RE-2)	
Purpose of Amendment (describe the	Incorrect total for reason for amending original submission):
•	represented due to miscalculation by travel sponsor.

12-1-2021 (Date)

(Signature of Traveler)

## Employee Post-Travel Disclosure of Travel Expenses

Date/Time Stamp:

Post-Travel Filing Instructions: Complete this form within 30 days of returning from travel. Submit all forms to the Office of Public Records in 232 Hart Building.

In compliance with Rule 35.2(a) and (c), I make the following disclosures with respect to travel expenses that have been or will be reimbursed/paid for me. I also certify that I have attached:

The original Employee Pre-Travel Authorization (Form RE-1), AND

A copy of the Private Sponsor Travel Certification Form with all attachments (itinerary, invitee list, etc.)

Faith and Law, The Clapham Group	
Private Sponsor(s) (list all):	
Oct. 29 - Oct. 31, 2021 Travel date(s):	
Name of accompanying family member (if any): Elaine Petty	
Relationship to Traveler:   Spouse   Child	

IF THE COST OF LODGING DID NOT INCREASE DUE TO THE ACCOMPANYING SPOUSE OR DEPENDENT CHILD, ONLY INCLUDE LODGING COSTS IN EMPLOYEE EXPENSES. (Attach additional pages if necessary.)

Expenses for Employee:

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate	\$59.92	\$400.00	\$240.00	\$22.78 attachment
Actual Amount				

Expenses for Accompanying Spouse or Dependent Child (if applicable):

	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)	
☐ Good Faith Estimate	Included above	Included above	\$240.00	\$22.78 Attachment	
Actual Amount					

Provide a description of all meetings and events attended. See Senate Rule 35.2(c)(6). (Attach additional page	es if
necessary.): Attachment for meetings and events attended.	

mmann.	i illim	communities .	Milit.	20	2
. %	(D	a	te)		

(Printed name of traveler)

(Signature of traveler)

## TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

I have made a determination that the expenses set out above in connections with travel described in the *Employee Pre-Travel Authorization* form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

(Date)

(Signature of Supervising Senator/Officer)

(Revised 1/3/11)

Form RE-2